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Women's Health: A Course of Action

Health Concerns of Older Women

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Synopsis

The population of older Americans is expected to represent 20 percent of the total U.S. population in the next 50 years, and older women will comprise the majority of that group. Thus, the health care needs of older women are and will be an increasing concern. A subcommittee of the Public Health Service Task Force on Women's Health, which studied the health issues related to older women, observed that many factors

relate to the health care of this group. Several factors, such as the homogeneity of the population over 65 years, the distinction between normal aging and disease, and the impact of socioeconomic concerns on physical and mental health, are important for developing preventive and treatment strategies.

Older women die of the same disorders that affect men—heart disease, cancer, cardiovascular disease, and accidental injuries—but are more likely to be afflicted with one or more chronic conditions that can cause limitations in their lifestyles (for example, diabetes, hypertension, arthritis).

The subcommittee also highlighted disorders with special implications for older women such as incontinence, osteoporosis, prescription drug misuse, and depression, and recommended that health messages for older women be targeted at both young and old cohorts to encourage health promotion and good health practices at all ages.

EVERYONE HAS HEARD or read reports about the burgeoning population of older Americans. Those over the age of 65 years presently comprise 11.6 percent of the total U.S. population and are expected to increase to 20 percent in the next 50 years. An even faster growing population is that of the over-85 age group, which is expected to increase to almost 5 percent by the year 2050.

Within the population of older Americans, women are the survivors. Women outnumber men for each age category over the age of 55 and, in fact, in the

oldest old group (those over 100 years) they represent 60 percent of the population.

Health care for the older woman is and will be an increasing concern for all. In studying the health concerns of women over the age of 65—which is an arbitrary endpoint that was used because many of the federally sponsored programs use that age as an entry point—there were several rules of thumb that we felt were critical for developing a sensitive health approach for older women.

First, the elderly woman belongs to a hetero-

geneous population. Health status and health care needs differ among individuals who are the same age, as well as among the younger old in their sixties v. the older old, who are in their eighties. Thus, in this heterogeneous "elderly" population, chronological age is not necessarily an indicator of biological age and should not be treated as such.

Second, in assessing the health status of older persons and providing sensitive treatment for them, a distinction should be made between the aging process and the actual disease process. Aging is itself not a disease. Many older persons are, or perceive they are, in good health. In fact, a recent public health survey reported that 95 percent of individuals in the over-65-year-old population considered themselves to be in relatively good health. Also, only 5 percent of the older population is institutionalized in nursing homes at any one time in the United States.

In addition to personal perceptions of health and aging, stereotypes of older persons and older women in general can have an important effect on the way in which they are viewed by their health care providers.

Third, the array of physical and mental health concerns of older women should be considered in the context of diverse socioeconomic factors. Many older women live alone and live in poverty, as we have heard. Two-fifths of all older women live alone, and of those over 75 years, about one-half live alone. In 1981, older women were reported to have a median annual income of about \$4,800, and this sum is even less for minority women.

Another important socioeconomic factor is that women are considered the traditional "care-givers" in most families and need relief from that role. This is particularly important for the older woman who may experience the stresses of taking care of her spouse, parents, children, grandchildren, friends, or any combination of these.

Older women, and older persons in general, experience many transitions as they age. These may manifest themselves in changes in careers as they retire, changes in marital status as a spouse dies or they are divorced, changes in a housing situation, or limitations on a previously independent lifestyle. Any of these can have an impact on health status. Rural and handicapped women and women of ethnic minorities have additional special needs and barriers to health care which must be addressed.

Women are survivors, and many of the health concerns particular to older women relate to that fact. While older women die of the same disorders that afflict men—heart disease, cancer, cardiovascular disease, and accidental injuries—older women are more likely to be afflicted with one or more

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chronic conditions that can often cause limitations in their lifestyles. These include diabetes, arthritis, or hypertension.

Several physical and mental disorders are important and should be highlighted.

The first is incontinence, which is one of the most common reasons that older persons, many of whom, of course, are women, are institutionalized in long-term health facilities at a cost of \$3 to \$15 per day per person. Because this condition is so difficult to manage at home, it is often considered to be a pivotal factor in the decision to institutionalize an older person. Thus, accurate diagnosis is critical, so that effective and cost-effective treatment can be designed.

Osteoporosis, another area of concern, is a condition in which the bones become porous and more susceptible to fracture, and it can have serious consequences for older women by increasing their chances for debilitating injuries such as hip fractures. Hip fractures can lead to institutionalization and, in many cases, death.

A third area of importance is drug misuse. The risks of adverse health effects from multiple medications are greater for older persons than for younger persons. Misuse of medications can often cause physical or mental disorders, or both, or can aggravate preexisting conditions. Approximately 25 percent of persons over 65 years take some sort of medication, and in fact the elderly consume more prescription and over-the-counter medications than any other age group.

A final area of importance is the distinction between the diseases of depression and dementia. Depression is the most common form of mental disorder in older women. It is, however, a treatable illness. Senile dementia, of which Alzheimer's disease is one notable example, is also a serious though less treatable mental disorder, and it must therefore

be carefully diagnosed to distinguish it from other more readily treated mental illnesses.

To summarize, then, in devising a health care strategy for older women, it is critical to consider the interplay of many socioeconomic factors along with a variety of physical and mental health factors.

In developing recommendations for the Task Force, the subcommittee on the health concerns of older women identified the need for cooperation among the various State, Federal, and local sectors to develop home health care or community-based care which seeks to maintain the independence of older women. Needed are programs which provide respite care to relieve the chronic isolation, exhaustion, and depression in older women who are care givers.

The subcommittee also recommended that health care messages for older women should be trans-generational. Younger women should be encouraged to take charge of their own health care so that as they reach older age they will maintain their healthy status; older women should be encouraged to continue their healthful lifestyles and maintain their independence and self-esteem as they age.

Thus, the key to good health for older women continues to be a combination of successful health promotion efforts throughout life and adequate access to health care when needed.

Women's Health: A Course of Action

Issues Related to Alcohol, Drug Use and Abuse, and Mental Health of Women

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including depression and phobia, which classify her as being mentally ill as well as alcoholic. However, if she is only suffering from alcoholism, she does not have a mental illness.

Similarly, being addicted to heroin is a behavioral dysfunction, which may coexist with schizophrenia. The addiction by itself, however, is not a mental disease. On the other hand, a psychotic depression may coexist with the addiction that resulted from the individual's attempt to ameliorate the depression through self-medication with opiates. Some feel that a subset of heroin users in this country may use heroin to mask psychosis that is untreated by the health care delivery system.

The Task Force limited its report to health conditions or illnesses which (a) occurred more frequently in women, (b) were uniquely manifest in women, or (c) required different treatments or responses when manifest in women.

Using these criteria for inclusion, the Task Force wrote at length about depression, a mental illness that occurs more frequently in women than in men. Indeed, two-thirds of the individuals diagnosed as depressed are women. Similarly, 6 of 10 patients diagnosed as phobic are women.

In contrast, schizophrenia does not occur more frequently in women. However, when it does occur in women, it manifests itself later in life and takes a somewhat different form in that it frequently has affective overtones. Senility and Alzheimer's disease, while not unique to women, are serious problems because women live longer than men and thus are at greater risk of these diseases for a greater number of years.

In the area of drug use other than alcohol, tobacco use results in health problems as reflected in the

THIS DISCUSSION concerns Chapter 4 of the Women's Health Issues Task Force report (1) entitled "Issues Related to Alcohol and Drug Abuse and the Mental Health of Women" or ADM issues—short for alcohol, drug abuse, and mental health issues.

Highlights

Alcohol, drug abuse, and mental health problems are addressed separately within this chapter because these illnesses are organizationally and diagnostically separate.

Alcoholism is not a psychiatric illness per se. However, it may coexist with mental illness. For example, an alcoholic woman may be depressed or phobic. In this case she has multiple diagnoses,